

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

7035

**1. PLACE OF DEATH**

County.....

Registration District No. 701

Township.....  
City ST LOUIS

Primary Registration District No. 1809 SIDNEY 31005

File No. ....

Registered No. 1901

St. .... Ward)

**2. FULL NAME**

ESTELL HEISLER

(a) Residence. No. 1809 Sidney St., 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (M) OR WIFE OF (F)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 - 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
		<u>10</u>	<u>4</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Alfred Heisler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Estell VOLZ

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Alfred Heisler  
(Address) 1809 Sidney

15. FILED May 2 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 21 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-19-30 to 2-21-30 that I last saw her alive on 2-21-30 and that death occurred, on the date stated above, at 8 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108  
Acute Pneumonia  
(duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTOR (SECONDARY) JOH  
(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W. S. ... M. D.

782 1930 (Address) 782 - Michigan

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Febr 24 1930

20. UNDERTAKER Bullen & Kelly ADDRESS 4526 Eas

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

160511101010  
Hartman  
R. Goddard